



Commonwealth of Massachusetts Board of Registration in Medicine

COMPLAINT FORM

Return this form to: Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Fax: (781) 876-8381

Please type or print legibly in ink. You may use the attached lined page to explain your complaint or attach your own paper to this form. Any additional information you would like to submit with your complaint must be in paper or electronic form and will not be returned. Do not send objects, tapes, or X-rays. If you have any questions, please call our Consumer Protection Unit at (781) 876-8200.

PHYSICIAN INFORMATION (one physician for each Complaint Form)

last name	first name	middle initial
YEHIA	KHALED	A.
street address	city	state
178 SAVIN	MALDEN	MASS.
physician's medical specialty:	zip code	telephone number:
GENERAL + VASCULAR SURGERY	02148	(781) 338-7248

PATIENT INFORMATION

<input checked="" type="checkbox"/> male <input type="checkbox"/> female	last name	first name	middle initial
	BORCIAN	MARTIN	
street address	city	state	zip code
58 UNION ST. - APT. 2 -	N. ANDOVER	MA.	01845
date of birth:	daytime telephone number:		
29 MARCH 1946	(978) 655-7656		
location of treatment: <input type="checkbox"/> Office <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Clinic <input type="checkbox"/> Other			
date(s) the incident(s) described in the complaint happened: OCT 30 2013			
length of time the patient has been under the physician's care: 1 DAY - THE DAY OF THE OPERATION			

COMPLAINANT INFORMATION (Complete ONLY if different from the patient information)

NOTE: The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.

<input checked="" type="checkbox"/> male <input type="checkbox"/> female	last name	first name	middle initial
	BORCIAN	MARTIN	
street address	city	state	zip code
58 UNION ST. - APT. #2 -	N. ANDOVER -	MA.	01845
your relationship to the patient:	daytime telephone number:		
SAME			

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Board of Registration in Medicine may (1) obtain medical records and other information relating to this complaint; and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Board may provide a copy of my complaint and all attachments to the physician.

Complainant's signature: M. Borcian Date: 25 DEC 2013

revised 8/25/2011

Visit our website: <http://www.mass.gov/massmedboard>

THEY HAVE NOT DONE ANYTHING SINCE I
FILED THIS COMPLAINT. - NO DOCTOR'S WILL HELP ME.

Physician's Name: KHALED A. YEHIA - M.D. Complainant's Name: MARTIN BOROIAN

Briefly describe your complaint

ON AUGUST 12, I WENT TO MY FAMILY DOCTOR - FELICITO FALLER, M.D. 17 WALNUT ST., WILLOW, MASS. 02148 - 781-371-3470. I TOLD HIM I FELT A SMALL LUMP IN MY LEFT SIDE OF MY GROIN. DR. FALLER INFORMED ME THAT IT WAS AN INGUINAL HERNIA. HE TOLD ME TO GO TO DR. KHALED A. YEHIA, THE SAME NIGHT, SO THAT HE COULD EXAMINE ME AS HE WOULD BE THE SURGEON TO DO THE OPERATION. DR. YEHIA EXAMINED ME ON THE EVENING OF AUG 12, 2013. HE TOLD ME THAT THERE WAS NO RUSH TO OPERATE ON MY HERNIA. HE SAID THAT HE HAD A HERNIA FOR 10 YEARS, AND THAT THERE WAS NO DANGER.

I WAITED 3 WEEKS, AND I CALLED DR. KHALED A. YEHIA AND TRIED TO TELL HIS OFFICE STAFF THAT I HAD PAIN IN THE AREA OF THE HERNIA, BUT HIS OFFICE STAFF HANGED UP ON ME TWICE.

5 WEEKS WENT BY AND I WAS EXPERIENCING BAD PAIN IN THE AREA OF MY HERNIA. I CALLED DR. YEHIA'S OFFICE AND TOLD HIS OFFICE STAFF, I RECEIVED A CALL BACK FROM DR. YEHIA AND HE TOLD ME TO COME THE SAME DAY TO THE MELROSE - WAKEFIELD HOSPITAL AND THAT HE WAS GOING TO OPERATE ON ME THE SAME DAY - OCT 30, 2013.

HE OPERATED ON ME AND THE NEXT DAY, I HAD BEEN THE VICTIM OF A LARGE HEMATOMA IN MY GROIN AREA.

DR. DANIELSON - THE CHIEF OF SURGERY AT THE HOSPITAL TOLD ME THAT DR. YEHIA HAD ALLOWED A LARGE AMOUNT OF BLOOD

INTO THE AREA OF MY GROIN. I NOW HAVE A HOLE IN MY LOWER STOMACH - WHICH HAS TO HAVE THE DRESSING ON MY WOUND CHANGED DAILY BY VISITING NURSES. I HAVE A HOLE IN MY STOMACH OVER 3 CM. DEEP.

TESTICLES IS STILL VERY ROUGH. I CAN

I HAVE TWO ITCHING "WARTS" OF MY TESTICLES - (GROIN). I HAVE TWO ITCHING "WARTS" OF MY TESTICLES - (GROIN). I HAVE TWO ITCHING "WARTS" OF MY TESTICLES - (GROIN).